

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155672		(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2012	
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 31869 CHICAGO TR NEW CARLISLE, IN 46552			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential facility for the addition of 49 Residential beds; one bed each in rooms 1207, 1209, 1212, 1213, 1214, 1215, 1216, 1220, 1221, 1222, 1223, 1224, 1227, 1229, 1231, 1233, 1235, 1237, 1239, 1241, and 1243 with two beds each in rooms 1200, 1202, 1204, 1205, 1206, 1211, 1217, 1218, 1219, 1225, 1232, 1234, 1240 and 1244, was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 05/02/12 and 05/03/12</p> <p>Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150</p> <p>Surveyor: Robert Booher, Medical Surveyor-Life Safety Code Specialist</p> <p>At this Environmental Preoccupancy survey, Hamilton Grove was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards, and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rule for Residential care facilities for the aforementioned 35 Residential rooms.</p> <p>Rooms 1200 through 1244 are located on the first floor of a two story building determined to be Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and in resident sleeping rooms. This Residential section will have a capacity of 49 and has a census of 16 at the time of this survey.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 05/03/12.</p>			S 000			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HZ7N21

If continuation sheet 1 of 2

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